PROGRAM NAME:	**HAND SCREEN RECORD**		Date:
Patient's Name *(Last, First, Middle)*:		SS No.	Reaction: Type I ____ Type II ____
Patient's File No. | Medications:		Date of Disease Onset | Classification	Initial ___ F/U ___

Section I. **SENSORY TESTING:** Use first filament (A) at site indicated *(apply three times)*. If no response, use next heavier filament to determine level of loss.
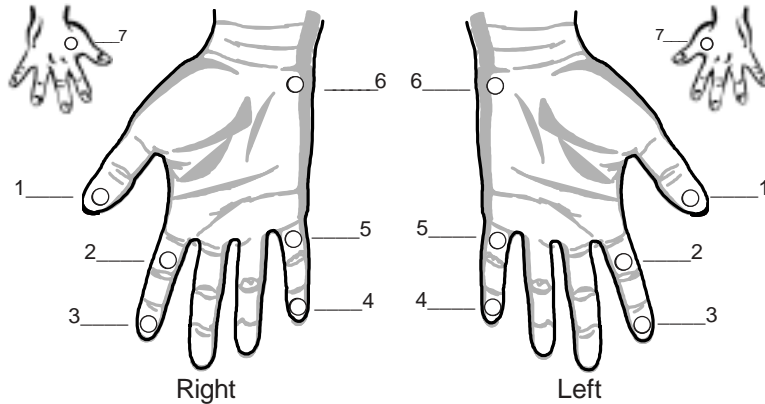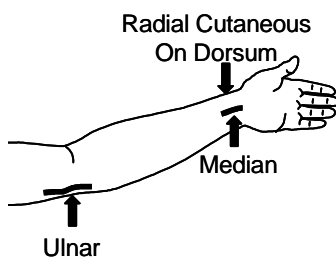
Filament	Force, gms	Interpretation	(Grade Pts.)
A Green (2.83)	0.05	Normal	(5)
B Blue (3.61)	0.20	Residual Texture	(4)
C Purple (4.31)	2.00	Residual Protective Sensation	(3)
D Red (4.56)	4.00	Loss of Protective Sensation	(2)
E Orange (6.65)	300.00	Residual Deep Pressure	(1)

Right   Left

Section II. **SKIN INSPECTION:** Draw and label *(above)*: **W** - Wound, **C** - Callus, **S** - Swelling, **R** - Redness,
D - Dryness, **T** - Temperature, **M** - Missing, **J** - Contracture, **O** - Other

Section III. **MUSCLE TESTING:** Mark *(below)*: **S** = Strong, **W** = Weak, **P** = Paralysis *(or Grade 5 to 0)*

(Ulnar Nerve)   (Median Nerve)   (Radial Nerve)

R___ L___   R___ L___   R___ L___   R___ L___   R___ L___

1) Index finger   **2)** Little Finger   **3)** Thumb Abduction   **4)** Thumb to Little   **5)** Radial Wrist
Abduction (FDI)   MP Joint Flex. (L)   Out of Palm (APB)   Finger (OP)   Extension (ECR)

Section IV. **PERIPHERAL NERVE RISK:** Mark: U, M, R *(or combination)*

Radial Cutaneous
On Dorsum

1) Enlarged or swollen nerve   R ___   L ___
2) Tender / painful on stretch or compression   R ___   L ___
3) Sensory change in the last 12 months   R ___   L ___
4) Muscle change in the last 12 months   R ___   L ___

Median

High Risk *(acute or changing nerve)*:   Yes ___   No ___
(refer to physician/therapist)

Ulnar

Section V. **DEFORMITY RISK:** *(Check if present)*

1) Loss of Protective Sensation   R ___   L ___   **4)** Injuries *(wounds, blisters, etc.)*   R ___   L ___
2) Clawed but Mobile Hand   R ___   L ___   **5)** Contracted or Stiff Joints   R ___   L ___
3) Fingertip Absorption (Mild___ Severe___) R ___ L ___   **6)** Wrist Drop *(radial nerve)*   R ___   L ___

High Risk *(any of the above)*:   Yes ___   No ___
(refer for appropriate treatment)

Has there been a change in the hand since any previous exam?   Yes ___ No ___

Examined by:_____